

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA MAGISTRATE JUDGE COLE <input checked="" type="checkbox"/> EEOC 440-2007-04266	
Illinois Department Of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Syed Wahid		Home Phone (Incl. Area Code) (773) 743-5546	Date of Birth 07-12-1954
Street Address City, State and ZIP Code 6318 N. Kedzie Ave. Apt. 1-E, Chicago, IL 60659			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name GOODWILL		No. Employees, Members 500 or More	Phone No. (Include Area Code) (847) 688-5338
Street Address City, State and ZIP Code Po Box 88-7210, Great Lakes, IL 60088			
Name 		No. Employees, Members 	Phone No. (Include Area Code)
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 07-24-2006 07-24-2006 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with the above named Respondent on or about November 3, 2005. On July 19, 2006, I was in a physical altercation with another employee. On July 24, 2006, I was discharged, while the other employee who is non-Pakistani, non-disabled and not in the protected age group was not discharged.</p> <p>I believe I have been discriminated against because of my national origin, Pakistani, in violation of Title VII of the Civil Rights Act of 1964, as amended, my disability, in violation of the Americans with Disabilities Act of 1990 and because of my age 53 (D.O.B. 07/12/1954), in violation of the Age Discrimination in Employment Act of 1967, as amended.</p>			
RECEIVED EEOC APR 12 2007 CHICAGO DISTRICT OFC			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date Apr 12, 2007		SUBSCRIBED AND SWORN (month, day, year) Exhibit A	
Charging Party Signature 			